UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR P	ATENT FE	E REFU	JND					
1 Date of Request:	2 Seri	al/Pa	ten	المدوا	24			
3 Please refund the following fee	e(s):	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
Filing					\$			
Amendment				\$				
Extension of Time			·	\$				
Notice of Appeal/Appeal				\$				
Petition				\$				
Issue					\$			
Cert of Correction/Termina	l Disc.				\$			
Maintenance					\$			
Assignment					\$			
Other					\$			
				AMOUNT FUND	\$			
		8 TO	BE	REFUNDED E	BY:			
10 REASON:			Treasury Check					
Overpayment				Credit Dep	osit A/C #:			
Duplicate Payment			9					
No Fee Due (Explanation):		<u> </u>						
				_				
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME:				TITLE:				
SIGNATURE:			กน ไม่ <u>ฮไ/</u> ฮ 	PHONESYPHEN 88/2/ PHONESYPHEN 88 0:1632 508.	/2065 PKIDWELL 000044 503208 10518724 Bu CK			
OFFICE:	****	****		*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED:		DATI	€:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number Beaumont-12

	Effective December 8, 2004							Ber	Beaumont-12				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
U.f	S. ŅATIONAL	STAGE FEES]	RATE	FEE	7	RATE	FEE	
BA!	SIC FEE		SMALL ENT	T. = \$ 150	LAR	RGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300	
EΧ/	AMINATION FE	EE	Satisfies PCT A (4) = \$50	0/\$ 100	1	other situations = \$ 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	000	
_	ARCH FEE		U.S. is ISA = \$ ALL other cor \$ 200 / \$	ountries =	All O	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE	E FOR EXTRA	SPEC. PGS.	min	nus 100 =		/ 50 =	1 '	X \$ 125 =		1 '	X \$-250 =		
тот	TAL CHARGEA	BLE CLAIMS	ld mi	ninus 20 =	. 8	3	1	X \$ 25 =		OR	X \$ 50 =	400	
IND	DEPENDENT CL	AIMS	п	minus 3 =	•			X \$ 100 =		OR	X \$ 200 =	-	
		NDENT CLAIM PRE					1	+ \$ 180 =		OR	+ \$ 360 =	360	
* If	the difference	e in column 1 is l	less than zero	o, enter "0)" in cc	olumn 2	• .	TOTAL		OR	TOTAL	1660	
: 		(Column 1)	AMENDED	AMENDED - PART II (Column 2) (Column 3)			.	SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	<u> </u>	Minus	**		=	11	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	<u> </u>	Minus	***		=	11	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF MU	ULTIPLE DEPF	ENDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =		
	_						12	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
<u> </u>	-	(Column 1)		(Columi	nn 2)	(Column 3)							
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	1		
•							7	TOTAL ADDIT. FEE		OR 1	TOTAL ADDIT. FEE		
11	If the "Highest Nun	ımn 1 is less than the e	For" IN THIS SPA	PACE is less the	than '20'	0' enter "20"			•				
!#	If the "Highest Num	Imber Previously Paid I	For IN THIS SP	ACE is less t	than '3',	, enter "3".							

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.